

SUCCINYLCHOLINE CERTIFICATION EXAM

1. What is the relationship between the administration of Succinylcholine, level of consciousness, and neuromuscular paralysis?
 - A). SUX causes complete skeletal muscle paralysis as well as unconsciousness.
 - B). SUX causes complete smooth muscle paralysis as well as unconsciousness.
 - Q. SUX causes complete skeletal muscle paralysis and has no effect on level of consciousness.
 - D). SUX causes complete smooth muscle paralysis and has no effect on level of consciousness.
2. Describe the Sellick maneuver and why its performance is advocated during SUX assisted intubation.
3. Describe the pre-SUX medication regimen including dose and indications for each as outlined in the Clark County Standing Guidelines.
4. List three deleterious side effects of SUX administration.
 - A).
 - B).
 - C).
5. SUX is a [a. competitive b. non-competitive] neuromuscular blocking agent. (*circle the correct answer*)

6. Detail the special consideration that exists when Diazepam is administered prior to SUX
 - A). May reduce neuromuscular blockade.
 - B). Will precipitate when administered together.
 - C). May increase incidence of trismus in the head injured patient.
 - D). Increases the incidence of transient hyperthermia.
7. SUX is indicated for patient sedation.
 - A). True
 - B). False
8. As outlined in the Clark County Standing Guidelines, detail the non-fasciculating SUX dosing alternative.
9. Describe your course of action should the initial dose of SUX provide inadequate relaxation.
10. Confirmation of correct endotracheal tube placement is accomplished via (mark all that apply):
 - A). Patient response.
 - B). Direct laryngoscopy.
 - C). Capnometry.
 - D). Auscultation.
11. Your patient is a combative 2 year old with significant head injury requiring immediate airway control. Attempts at IV access are unsuccessful. Outline your alternative for SUX administration in this child.
12. List the correct dose, onset of action, and duration of action for SUX for both children and adults.

13. What is your next option should repeated intubation attempts be unsuccessful and ventilation via bag-valve-mask prove ineffective or impossible?
14. What is the initial dose of SUX for a 150lb. male with a medical history of alcoholism and cirrhosis, in fulminating pulmonary edema?
15. You have just successfully intubated a 69 year old male after administration of SUX. Five minutes later, the patient becomes combative, grabbing at the ET tube trying to extubate himself. Describe your next course of action including pharmacologic intervention to prevent extubation and further injury.